CITY OF MILWAUKEE PAYROLL DEDUCTION AUTHORIZATION

INSTRUCTIONS

Submit this completed form by the Monday following the last day of the pay period for each new hire or change in deductions. Changes received late will be processed with the next pay period with no adjustment for the previous period.

Complete the following sections: General Information, Employe Name, Withholding Tax Data, and **NEW HIRES ONLY:**

Union Code*

*ENTER FOR REHIRED PERSONNEL.

NEW HIRES AFTER APRIL 1, 1986 NOT COVERED BY SOCIAL SECURITY MUST HAVE MEDICARE

DEDUCTION UNLESS EXEMPTED BY FEDERAL REGULATION.

CHANGES/TRANSFERS -(Recalls/Reinstatements): Submit this form only when a deduction item is changed at the time of transfer, recall or reinstatement, i.e.

union code.

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GENERAL	EFFECTIVE PAY	TYPE OF AUTH		ORIZATION (X) CHANGE		DEP	т	LOC. NO.	EME	EMPLOYE ID (6 Digit)		
GENERAL	PERIOD	NEW TINE		OHAIN	OL			140.	LIVII	Livii LOTE ID (0 Digit)		
INFORMATION												
EMPLOYE	ENTER NAME AS IT APPEARS ON THE EMPLOYE'S SOCIAL SECURITY CARD (MUST BE EXACT)											
NAME												
	COMPLETE BOTH THE FEDERAL AND STATE BOXES TO REFLECT PROPERLY COMPLETED W-4/WT-4/W-5 FORMS											
	EARNED INCOME CREDIT - W-5		NUMBER OF W			ITHHOLDING ALLOWAN		CES		ADDITIONAL AMOUNT PER PAY PERIOD		
WITHHOLDING			SINGLE		MARRIED		MARR	IED W/H SINGLE	PE	PER PAT PERIOD		
TAX DATA FROM W-4/WT-4/W-5**	FEDERAL								\$	\$		
	STATE								\$			
UNION CODE/	UNION CODE					POLITICAL CONTRI		ITICAL CONTRIB	UTIONS	TIONS CODE		
POLITICAL CONTRIBUTIONS			USE 2-DIGIT NUMERIC CODE OF DO NOT USE LOCAL NO. OR NA						POLIT.			
	COMBINED GIVING		UPAF		ART MUSEUM		ARTS BOARD		FORESTRY		LIBRARY	
COMBINED GIVING UPAF	\$		\$		\$		\$		\$		\$	
VISIONS	SIONS MPS		MUSIC		PABST		PIE	R WISCONSIN	PUBLIC MUSE	JM	RECREATIO	N
			\$		\$			\$	\$		\$	
NAME OF PAYROLL CLERK					-				DATE PREPARED			

NOTE: Additional deduction authorizations are received from other sources and forms. Certain departments are responsible for this information being received on time. If you have any questions on the deductions below, please contact the responsible department.

- 1. Police Relief
- 2. Fire Relief
- 3. Health/Dental Insurance
- 4. Flexible Spending Account
- 5. Long Term Disability
- --- Police Department
- --- Fire Department
- --- Employee Benefits
- --- Employee Benefits
- --- Employee Benefits
- 6. Savings Bonds
- 7. Judgments/Garnishments
- Group Life Insurance
- **Deferred Compensation**
- --- Comptroller
- --- Comptroller
- --- ERS-Group Life
- --- Comptroller/Deferred Compensation
- 10. Credit Unions --- Comptroller

^{**}A signed authorization or cancellation form must be attached to this form.